

ATTACHMENT No. 10

Cost Breakdown
AIDS Community Information Outreach 2006

Organization: _____

Date Submitted: _____

Period Covered: _____

EXPENDITURE CATEGORY	AMOUNT
PROFESSIONAL PERSONNEL	
SUPPORT PERSONNEL	
FRINGE BENEFITS	
EQUIPMENT	
SUPPLIES	
TRAVEL	
COMMUNICATIONS	
REPRODUCTION	
OTHER COSTS (SPECIFY)	
CONSULTANTS	
DOCUMENT DELIVERY	
TOTAL DIRECT COST	
[MODIFIED TOTAL DIRECT COST]	
OVERHEAD/IDC (____%)	
TOTAL	

NOTE: The above categories are examples only and are not meant to be all-inclusive.